

APPLICATION FOR EMPLOYMENT CITY OF SEABROOK



The City of Seabrook will accept applications or resumes only when there is an open and/or posted position. Unsolicited resumes will not be retained.

If you are interviewed and given a job offer, this offer is **contingent** upon the successful results of a drug screening, background check, driving record check, a pre-employment physical and on some positions, a credit check.

Applications for employment are accepted without regard to race, color, national origin, sex, age as required by law, veteran's status, or disability status. Reasonable accommodations for individuals with disabilities will be made, when necessary, during the application process.

Any application or supplement containing any misrepresentation by the applicant could be cause for cancellation of the application process or termination if they have been hired by the city.

Applications for employment will expire after 90 days unless otherwise notified.

Human Resources Department

SUBMIT TO:
HUMAN RESOURCES
1700 FIRST STREET
SEABROOK, TX 77586

Jose Sanchez
HR Director
jsanchez@seabrooktx.gov
281-291-5680

Joyce Bice
HR Specialist
jbice@seabrooktx.gov
281-291-5664

An Equal Opportunity / Equal Access Employer

City of Seabrook Employment Application

The City of Seabrook is an Affirmative Action/Equal Opportunity Employer of qualified individuals.



| APPLICANT DATA | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|------|--------------------------------------------------------------------------------------------|------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| DRIVERS LICENSE NUMBER | | STATE OF ISSUANCE | | CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | |
| PRESENT ADDRESS | | APT. NO. | CITY | | STATE ZIP |
| HOME PHONE | | CELL PHONE OR ALTERNATE NUMBER | | ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.? • YES • NO | |
| EMAIL ADDRESS | | | | | |
| POSITION APPLYING FOR: | | | | DATE YOU CAN START | |
| ARE YOU EMPLOYED NOW? • YES • NO | | IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? • YES • NO | | ARE YOU SEEKING: • Full-time • Part-time • Seasonal | |
| ARE YOU CURRENTLY EMPLOYED BY THE CITY OF SEABROOK? | | • YES • NO | | DEPARTMENT: DATES: | |
| HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SEABROOK? | | • YES • NO | | DEPARTMENT: DATES: | |
| REASON FOR LEAVING | | | | | |
| DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR THE CITY OF SEABROOK? | | • YES • NO | | NAMES: RELATIONSHIP: | |
| HOW DID YOU FIND OUT ABOUT THIS JOB OPPORTUNITY? <input type="checkbox"/> • Friend • Website • Walk In/Bulletin Board <input type="checkbox"/> TWC <input type="checkbox"/> Online • Other _____ | | | | | |
| RESIDENCES IN THE PAST TEN (10) YEARS | | | | | |
| RESIDENCE #1 | | | | | |
| ADDRESS | | CITY , STATE , ZIP | | FROM (MM/YY) | TO (MM/YY) |
| RESIDENCE #2 | | | | | |
| ADDRESS | | CITY , STATE , ZIP | | FROM (MM/YY) | TO (MM/YY) |
| RESIDENCE #3 | | | | | |
| ADDRESS | | CITY , STATE , ZIP | | FROM (MM/YY) | TO (MM/YY) |
| RESIDENCE #4 | | | | | |
| ADDRESS | | CITY , STATE , ZIP | | FROM (MM/YY) | TO (MM/YY) |

CRIMINAL HISTORY

Note: Answering "Yes" to this question is not an automatic bar to employment. Factors such as how this conviction would relate to the position, age and time of occurrence, the seriousness and nature of the circumstances will be considered.

Have you ever been **convicted** of a felony or misdemeanor, **other** than a minor traffic violation?

☐ YES ☐ NO If yes, please provide the following information below.

| | | |
|-----------------|----------|---------------------|
| Type of Offense | Location | Disposition of case |
| Type of Offense | Location | Disposition of case |
| Type of Offense | Location | Disposition of case |

If you are unable to certify to the following statement, please leave blank.

CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION

I _____ certify the following statements are true and correct:

- I have never been convicted of a felony
- I am not currently under indictment for a felony.
- I am not currently under adjudication for a felony
- I am not the subject of an arrest warrant for a felony
- I have not been released from imprisonment for a felony conviction within the last five years

X

Signature of Applicant

Date

| EDUCATION | | | |
|----------------------------|-------------------------------------|-------------------|--------------|
| Name(s) listed on Diploma: | | | |
| SCHOOL LEVEL | NAME OF SCHOOL AND CITY, STATE, ZIP | DID YOU GRADUATE? | DEGREE/TITLE |
| GED | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TECHNICAL/BUSINESS | | | |

| SPECIAL SKILLS AND LICENSES/CERTIFICATIONS | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------|
| OFFICE | <input type="checkbox"/> MS ACCESS Other software: _____ <input type="checkbox"/> MS WORD _____ • MS POWER POINT _____ • MS PUBLISHER • MS EXCEL • MS OUTLOOK | | |
| | | | |
| PUBLIC WORKS | SURFACE WATER | GRADE: _____ | CURRENT ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | WASTEWATER TREATMENT | GRADE: _____ | CURRENT ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | WATER DISTRIBUTION | GRADE: _____ | CURRENT ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | WASTEWATER COLLECTION | GRADE: _____ | CURRENT ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List CERTIFICATIONS, SKILLS and STRENGTHS that qualify you for this position. | 1. _____ | | |
| | 2. _____ | | |
| | 3. _____ | | |
| | 4. _____ | | |

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also, include relevant voluntary and/or part-time work experience.

| | | | |
|---------------------------------------------------------|-----------------|------------------------------|-----------------------------|
| CURRENT OR LAST EMPLOYER | | PHONE | |
| ADDRESS | | SUPERVISOR | |
| JOB TITLE | STARTING SALARY | ENDING SALARY | |
| RESPONSIBILITIES | | | |
| FROM (MM/YY) | TO (MM/YY) | REASON FOR LEAVING | |
| MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|---------------------------------------------------------|-----------------|------------------------------|-----------------------------|
| EMPLOYER | | PHONE | |
| ADDRESS | | SUPERVISOR | |
| JOB TITLE | STARTING SALARY | ENDING SALARY | |
| RESPONSIBILITIES | | | |
| FROM (MM/YY) | TO (MM/YY) | REASON FOR LEAVING | |
| MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|----------------------------------------------------------------|------------------------|-------------------------------------|------------------------------------|
| EMPLOYER | | PHONE | |
| ADDRESS | | SUPERVISOR | |
| JOB TITLE | STARTING SALARY | ENDING SALARY | |
| RESPONSIBILITIES | | | |
| FROM (MM/YY) | TO (MM/YY) | REASON FOR LEAVING | |
| MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|----------------------------------------------------------------|------------------------|-------------------------------------|------------------------------------|
| EMPLOYER | | PHONE | |
| ADDRESS | | SUPERVISOR | |
| JOB TITLE | STARTING SALARY | ENDING SALARY | |
| RESPONSIBILITIES | | | |
| FROM (MM/YY) | TO (MM/YY) | REASON FOR LEAVING | |
| MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PERSONAL REFERENCES

List three people not related to you by blood or marriage that have not been listed in the Employment History Section that can provide personal or professional references.

References must be in a local vicinity to your place of residence and not out of state.

| | | | |
|------|---------|-----------------------------------------|---------------------|
| Name | Address | Phone Number (Daytime) Email Address | Years Acquainted |
| Name | Address | Phone Number (Daytime) Email Address | Years Acquainted |
| Name | Address | Phone Number (Daytime) Email Address | Years Acquainted |

AUTHORIZATION AND CERTIFICATION

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. The applicant releases the employer, and all persons and entities who supply the employer with information pertaining to the applicant, from any and all liability, including liability arising from the employer's negligence, arising from the employer's verification of the applicant's prior employment history, criminal record, references and any other background information pertaining to the applicant.

I understand that the City of Seabrook is an "at will" employer as defined by applicable laws. All potential employees are subject to a drug screen and, depending on the position, a driving record check, a criminal history review, a polygraph examination, a credit history check, and a verification of physical and mental capability to perform the essential functions of the job.

Applicant's Printed Name

Date

X

Applicant's Signature

City of Seabrook (Rev. 1/2013)
EQUAL OPPORTUNITY INFORMATION



The following information is requested as part of the affirmative action program and to provide statistical information in compliance with Federal and State regulations. Providing this information is voluntary. All information will be kept confidential and used only in accordance with Federal and State law. Refusal to provide information will not subject the applicant or employee to any adverse treatment. **THIS IS ONLY KEPT WITHIN THE HR DEPARTMENT AND NOT FORWARDED TO ANY HIRING MANAGER.**

Will you need a reasonable accommodation applicable to the Americans with Disabilities Act (ADA)? ☐ Yes ☐ No

PERSONAL INFORMATION

| | | |
|--------------------------------------|---------------------------------|----------------------|
| NAME (LAST, FIRST, MIDDLE) | | Date of Birth |
| SEX <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | POSITION APPLIED FOR |

RACE/ETHNIC GROUP

| | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| | White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| | Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa. |
| | Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| | Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| | American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| | Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races. |
| | Race missing or unknown - Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant. |

MILITARY HISTORY

| | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | SPECIAL DISABLED VETERAN: Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability. |
| | VIETNAM ERA VETERAN: A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975. |

City of Seabrook

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION / INVESTIGATIVE CONSUMER REPORT INFORMATION

I understand that CITY OF SEABROOK will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, CITY OF SEABROOK may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information involving criminal conviction status, employment and professional license verification and history, education verification, references (personal and professional), character, past employment, work habits, general reputation, personal characteristics, mode of living, civil judgments or other civil actions, court records, liens, drivers license verification, motor vehicle violations, social security number verification, and any other information about my background. The consumer reporting agency will conduct the background check and provide requested information to the extent allowable under federal and state laws.

I further understand that separately, federal or state agencies may require as a condition of my working on a project for their agency a background investigation as well, which will likely include a criminal background check performed by the government and not a consumer reporting agency.

An investigative consumer report involves personal interviews and commonly seeks information regarding a consumer's character, general reputation, personal characteristics and mode of living. I understand information may be obtained by a consumer reporting agency by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in my report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. **Attached** is a copy of the Federal Trade Commission's Summary of Rights.

I understand that if I disagree with the accuracy of any information in the report, I must notify CITY OF SEABROOK, within 5 business days of my receipt of the report. If I notify CITY OF SEABROOK within 5 business days of the receipt of the report that I am challenging information on the report, CITY OF SEABROOK will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in my report.

I hereby consent to this investigation and authorize CITY OF SEABROOK to procure a report on my background as stated from above from a consumer reporting agency. This authorization will remain in effect throughout the term of my employment if I am so employed. A copy of this authorization has the same effect as an original.

X

(Signature of Applicant)

(Date)